BILLING CARD

B/O.RAMADEVI
O/Male/MHM202404397
06/04/2024/IPM2024000269
Dr.MEDWAY HOSPITAL

Patient Name _____ D.O.A. 6/4/24 Time 3.14 PM

IP No. _____

Room No. _____ cradle. Rent Per Day cradle.

TRANSFER DET AILS

Date	Time	From	To	Sister Signature
06/04/24	4:15 PM	OT	3rd FLOOR 304	TIRL 3206

OPERATION THEA TRE

Date	:	OT No.	:
Surgeon	:	Start Time	:
I Asst. Surgeon	:	End Time	:
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	:	Arthroscopy	:
Name of Surgery	:	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

MONITOR

Date	Start	Date	Disconnect
06/04/24	3:14 PM	06/4/24	4:15PM.

INFUSION PUMP

Date	Start	Date	Disconnect

~~OXYGEN~~ PHOTOTHERAPY

Date	Start	Date	Disconnect
8/4/24	7:30 PM	9/4/24	6:00PM

SYRINGE PUMP

Date	Start	Date	Disconnect

ALPHA BED / SCD PUMP

Date	Start	Date	Disconnect

VENTILATOR

Date	Start	Date	Disconnect

OPERATION THEA TRE

Date	:	OT. No.	:
Surgeon	:	Start Time	:
I Asst. Surgeon	:	End Time	:
II Asst. Surgeon	:	Dis. Pack	:
III Asst. Surgeon	:	Diathermy	:
Anaesthetist	:	C-Arm	:
OT Nurse	:	Arthroscopy	:
Name of Surgery	:	Laproscopy	:
		Sevoflurane / Isoflurane	:
		Inj. Fentanyl	:
		Others	:

Date	LABORATORY
06/04/24	BLOOD GROUPING AND TYPING (CORD BLOOD) - 2348
	CBG 6/4/24 (2352)
8/4/24	S. Bilurubin (Total, Direct, Indirect) (2405)

RADIOLOGY - ECG / ECHO / X-RA Y / USG / CT / MRI / DRP / BIO-DOPPLER

CBG

06/7/24	1 (2352)						
7/7/24	1 (2375)	+2 (2385)					

CBG

Date — PHYSIOTHERAPY

NEBULIZER

NEBULIZER

CONSULTANT NAME	Date	Date	Date	Date	Date	Date	Date
DR: kirthika	7/4/24	8/4/24	9/4/24				

PHARMACY	AMBULANCE
OT DRUGS REPLACED :	
BILL CLEARED :	
RETURNS CHECKED :	

Other Procedures : (specify) :- 06/04/24

RESUSCITATION DONE BY DR R. SHANTHI

8/4/24 OAE done.

8/4/24 Vaccination done by Dr. Kirthika (Amount given)

8/4/24 7.30pm Double surface phototherapy

Admission Officer :

Sister In-charge